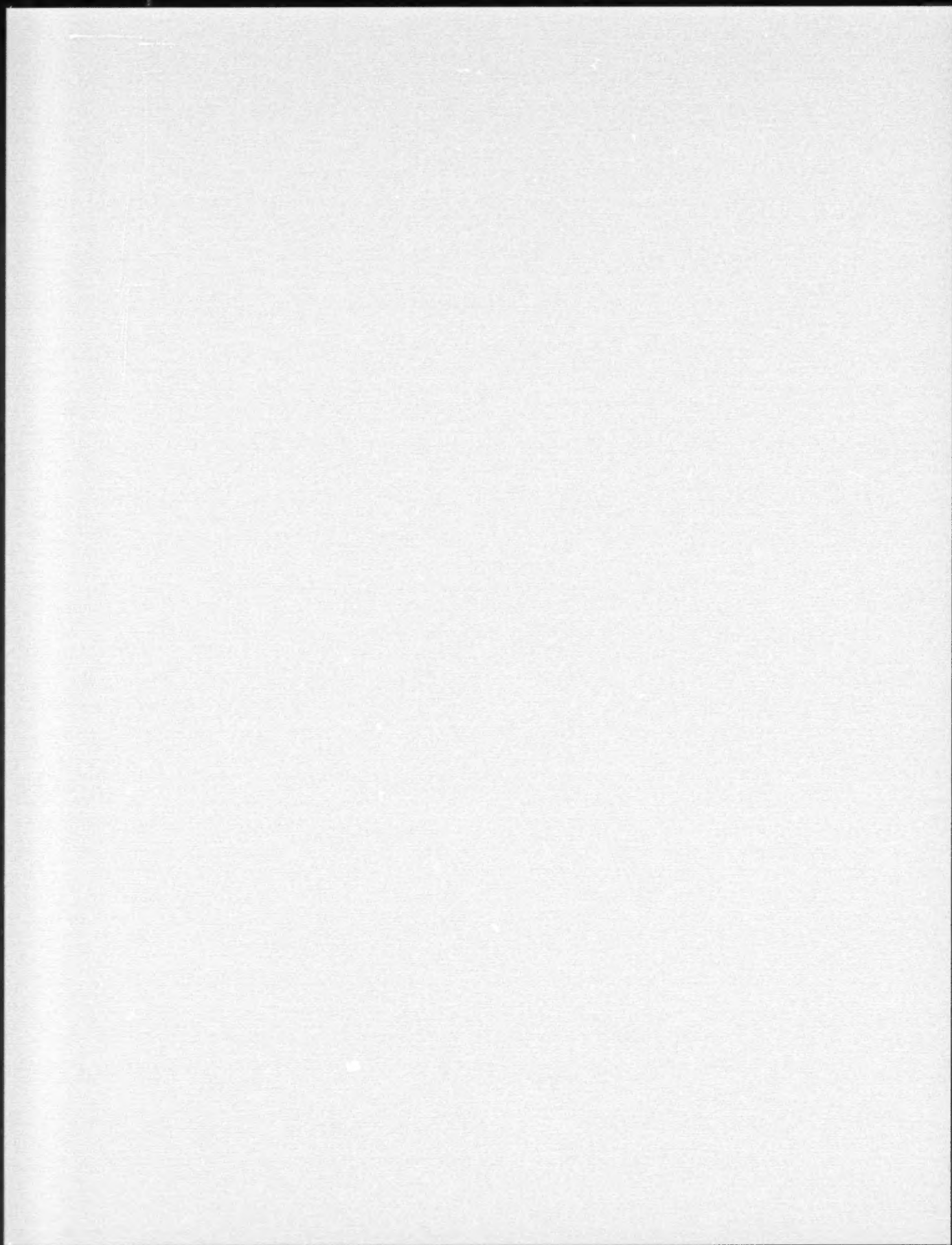


Pathways to Wellness

An Updated Action Plan for
Addictions and Mental Health

2014 – 2016

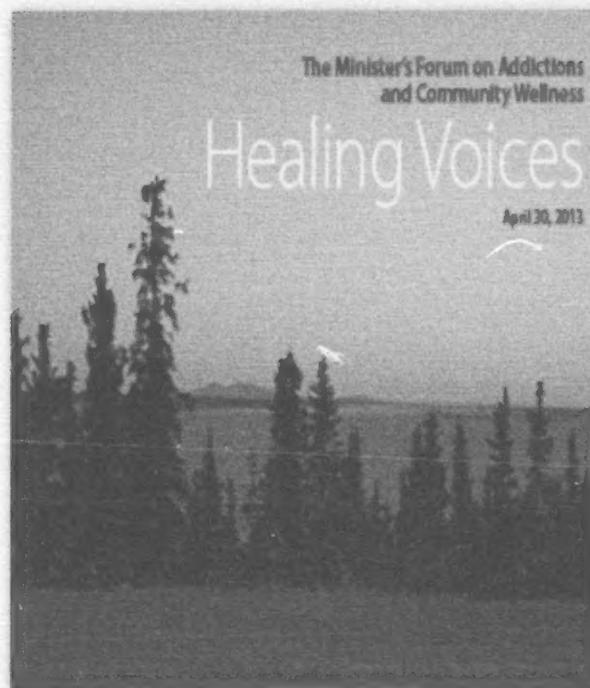
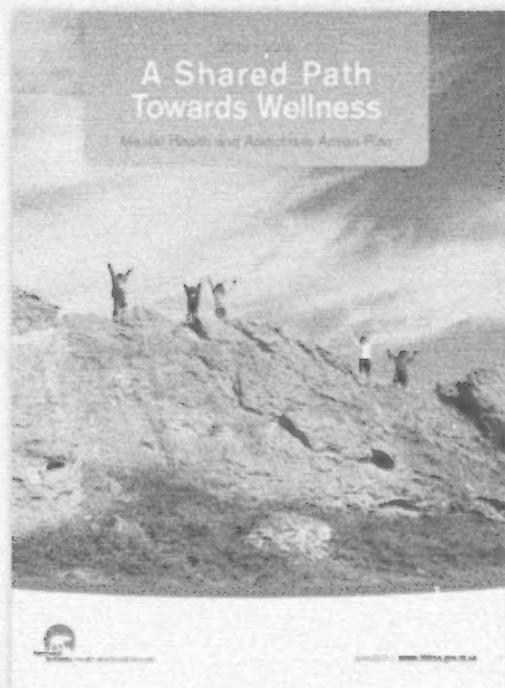




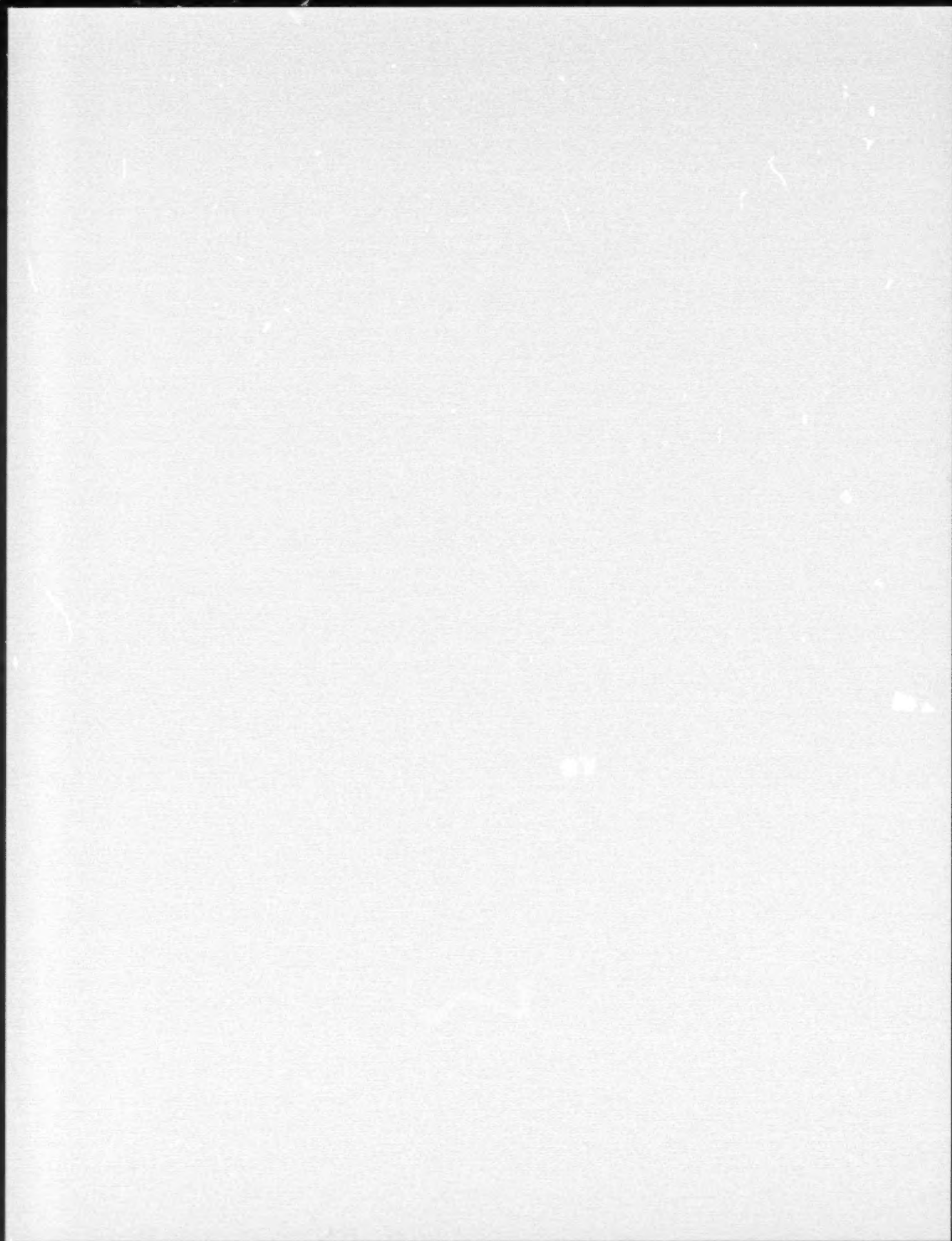
Introduction

Pathways to Wellness

An Updated Action Plan for
Addictions and Mental Health
2014 – 2016



This updated Action Plan combines the actions contained within *A Shared Path Towards Wellness* with the recommendations arising from *Healing Voices*, the report of the Minister's Forum on Addictions and Community Wellness. It reflects the actions which the Department of Health and Social Services has committed to undertaking over the next two years, and describes our progress to date.



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Goal 1 Promote Understanding, Awareness, and Acceptance

Areas for Action	Deliverable	Completed
Minister's Forum on Addictions	Establish a Minister's Forum on Addictions that travels to all regions in the NWT to hear from residents about community needs and concerns and report back to the Minister.	✓
	Use the results of the Minister's Forum to assess community relevancy of current addictions programming.	✓
	Use the Minister's Forum to gather community input on the potential use of traditional healing.	✓
	Use the Minister's Forum to document and compile knowledge, strengths, and existing best practices in NWT regions and communities as the basis for sharing this information with other regions and communities.	✓
	Build on the Recommendations of the Minister's Forum to establish priorities for community-based programs.	✓
	Finalize response to the recommendations from the Minister's Forum on Addictions.	✓
Community Wellness	Engage communities in discussion of mental health and addictions challenges through the Community Wellness Planning Process.	✓
	Work with Aboriginal and community governments to develop action plans that build on existing community assets and resources, to provide services that best meet the needs of communities.	✓
	Support communities in offering on-the-land and traditional healing options for mental health and addictions programming.	

Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
The Minister's Forum completed its community consultations in March 2013, and the report <i>Healing Voices</i> was tabled in the Legislative Assembly in June 2013.		
The Forum recommendations will inform changes to current addictions programming, as outlined in this update of the Action Plan.		
The use of traditional healing has been incorporated into some of the items in this Action Plan.		
The Forum report, <i>Healing Voices</i> , provides this documentation and has been widely distributed. The report is available on the Department of Health and Social Services website.		
Actions arising from the recommendations of the Minister's Forum on addictions and Community Wellness begin on page 17		
The Government's response to the Forum recommendations will be tabled in the Legislative Assembly by the end of March 2014	Actions stemming from the accepted recommendations are outlined in this updated Action Plan.	
Department staff have engaged with all communities developing community wellness plans.	Continue to support communities in implementing their wellness plans.	
(see above)	(see above)	
Three on-the-land healing pilot projects will be supported in 2013/14 in partnership with Aboriginal organizations and governments. These pilots are scheduled for March 2014.	Subject to the evaluations of the pilot projects, funding will be available for on-the-land healing programs. Program design including a contribution policy and application form, will be available by April 1, 2014.	Ongoing contribution funding will be available for on-the-land healing programs.

Goal 1 Promote Understanding, Awareness, and Acceptance

Areas for Action	Deliverable	Completed
Community Wellness	Work with existing inter-agency groups, communities, and existing organizations to support health and wellness activities.	✓
	Develop approaches to share NWT best practices among communities and regions (community kitchens, Community Action Research Team) through webinars, conferences, practitioner travel, and other means.	✓
Community Capacity and Awareness	Work with regional HSSAs to deliver at least two Mental Health First Aid (MHFA) training sessions each year, available to all interested adults in the community.	
	Offer Applied Suicide Intervention Skills Training (ASIST) program in at least two communities per year.	
	Expand the Talking About Mental Illness (TAMI) program to schools across the NWT.	
	Deliver the <i>My Voice, My Choice</i> (MVMC) activities to youth, in at least two communities in two regional HSSAs each year, in partnership with local staff and community members who can provide on-going dialogue and follow-up with youth.	
	Work with regional HSSAs to facilitate annual inter-agency professional development events focused on youth addictions issues, involving health professionals, education professionals, youth workers, justice officials, and others to share best practices and approaches.	
Communications	Provide plain language electronic and printed materials and public service announcements that describe: • mental health and addiction issues; • the range of services available, including the Community Counseling Program; • NGO partner programs; and, • specific services such as aftercare.	
	Develop strategic communication plans to deliver consistent NWT-wide, ongoing and annual campaigns related to mental health and addictions, stigma, suicide prevention, and resiliency.	

Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
Inter-agency groups were encouraged to participate in Community Wellness Plan development.	Encouragement to participate in community wellness planning will continue. Regional Community Development and wellness planners will support and facilitate inter-agency activities.	
The Aboriginal Health and Community Wellness Division fosters the sharing of best practices as its staff assist communities in the development and implementation of wellness plans.	Sharing of best practices will continue on an ongoing basis.	
Four workshops were delivered in Yellowknife and two were delivered in the Beaufort Delta, training a total of 87 people. Three more workshops are scheduled in the Beaufort Delta in 2013/14.	At least two workshops will be offered on an ongoing basis every year.	
ASIST training was delivered in Yellowknife, Fort Smith, Norman Wells, Inuvik, Paulatuk and Aklavik	ASIST training will be offered in at least two communities on an ongoing basis every year.	
The Agency which delivers the TAMI program was only able to make one visit to Yellowknife this year.	The Agency which delivers this program does not have the capacity to expand throughout the NWT. One or two programs will be delivered annually, subject to Agency availability.	
Local hip-hop artist, in partnership with Outcrop Communication, facilitated hip-hop MVMC workshops in Yellowknife, Behchoko, Fort Smith, and Inuvik.	Ongoing	
A regional conference in Fort Simpson in October 2013 brought together stakeholders to focus on development of an on-the-land addictions program for youth.	Future regional events will be developed in response to local and regional priorities identified in wellness plans.	
No actions this year.	Plain language materials on mental health and addictions will be developed, translated and distributed to health centres.	Materials will be updated on a periodic basis.
The Department of Health and Social services has begun work on a communications strategy and social marketing campaign with an initial focus on addictions. NWT role models were featured during addictions awareness week in November 2013	The strategy and campaign will be ready to roll out by December 2014.	Future year activities will depend on the specific nature of the strategy and campaign.

Goal 2 Focus on the Client

Areas for Action	Deliverable	Completed
Model of Care	Building on the early findings of the Chronic Disease Management pilot projects, define how clients move through the mental health and addictions system, including the recovery process, and standards of practice for mental health and addictions.	
	Standardize position roles and responsibilities in the mental health and addictions system, including competencies and scope of practice.	
	Develop protocols for referring and supporting clients through traditional healing and other culturally appropriate programs.	
	Work with Department of Education, Culture and Employment to integrate mental health and addictions into the updated K-12 Health Curriculum.	
	In partnership with Stanton Territorial Hospital, collaborate with the Department of Psychiatry at Dalhousie University to explore the potential for expanded clinical service delivery and mental health program development.	

Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
The Chronic Disease Management Project was evaluated in 2013/14; the results are being used to fine-tune the model.	The care pathways defined through the pilot project will be applied in a second pilot project, this time in the Beaufort Delta. Completion date will be March 31, 2015.	Extend the chronic disease management model for mental health issues to one additional region per year.
Two new positions have been created to focus on quality assurance and best practices. Recruitment is underway and the positions are expected to be filled by March 31, 2014.	The Community Counselling Program Standards and Procedures Manual, which will include competencies and scope of practice, will be revised and re-issued by November 2014.	
No actions this year.	These protocols will be built into the revised care pathways defined in the chronic disease management model (see above).	Extend the chronic disease management model for mental health issues to one additional region per year.
Discussions are underway to determine the best way of incorporating this recommendation into the Education Renewal and Innovation initiative.	To be determined by the outcome of discussions completed in 2013/14.	
Psychiatrists from Dalhousie are on site at Stanton Territorial Hospital for approximately 19 weeks per year. Telepsychiatry provides additional offsite support, but has experienced technical difficulties. Discussions on further expansions are ongoing, and include psychiatric services to youth and forensic psychiatry services.	Pending resolution of the technical issues telepsychiatry services will be available on an ongoing basis.	Future year actions will depend on the results of discussion around psychiatry services for youth and forensic psychiatry. No time lines have been established.

Goal 2 Focus on the Client

Areas for Action	Deliverable	Completed
Case Management	Develop and implement standardized, client-centred case management standards and guidelines with the Departments of Justice and Education, Culture and Employment that address sharing of information, improving coordination, and common client needs, to improve collaborative support of NWT residents.	
	In partnership with the Department of Justice and others, develop a proposal for a specialized Courts program to improve our response to mental health issues in the justice system.	
	Identify and implement early intervention screening tools around youth mental health and addictions for specific professional groups (e.g. nurses, social workers, teachers, probation officers, community counselors).	



Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
The Departments of Justice, Health and Social Services, Education, Culture and Employment and the NWT Housing Corporation have collaborated on a proposal for an integrated case management pilot for high risk clients with mental health and addictions needs. This collaborative approach will support the successful implementation of the Wellness Court.	Project design and implementation.	On-going
The Chief Judge of the Territorial Court has struck a steering committee to guide the development of a proposal for a Wellness Court. Terms of Reference for the committee have been drafted and the committee has met twice.	Continue to support development of concept.	
Over 50 front line workers from five regions have been trained in the use of a risk assessment tool (GAIN-SS) and in a standardized procedure for brief interventions and referral for youth at risk of mental health and addictions issues.	The GAIN-SS screening tool will be included as a standard within the revised Community Counselling Program.	



Goal 3 Improve the Availability of and Access to Services

Areas for Action	Deliverable	Completed
Treatment Options	Work with the Nats'ejee K'eh Territorial Treatment Centre Society to restructure programs offered and ensure treatment options are effective and meet the needs of all NWT residents. Research the feasibility of offering individualized treatment options (i.e. crack cocaine, solvent abuse and prescription drugs).	
	Research the current continuum of detoxification services available and determine appropriate options for the NWT.	
	Determine and implement the most appropriate individualized intervention to meet the needs of youth, adults, and the elderly that will provide a greater chance of successful healing and recovery.	✓
	Promote the availability of the Community Counselling Program to all residents, including family and community members supporting those with addictions, probation officers, recreation development officers, community health representatives, and education staff.	

Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
The treatment centre closed in September 2013. NWT clients have access to four southern treatment centres while other options for NWT treatment centre are being explored.	Continue to provide access to a range of southern residential treatment options. Develop a Request for Proposals to design and deliver a mobile treatment program; issue the RFP in June 2014. Develop a Request for Proposals to examine the feasibility of various options to provide residential treatment in the NWT; issue the RFP in September 2014.	Actions will depend on the results of the work under taken in 2014-15.
The Department of Health and Social Services has contracted for a review of best practices in detoxification, and for the development of options for detoxification programs at the community, regional and territorial levels. Deadline for the review and options paper is March 31, 2014. Addressed by recommendations of the Ministers Forum.	Actions will depend on the selected option for NWT detoxification services.	
	Plain language materials to be developed will include this information	

Goal 3 Improve the Availability of and Access to Services

Areas for Action	Deliverable	Completed
Treatment Options	Enhance the availability of psychiatric clinical services through Stanton Territorial Hospital, including both on-site and telehealth. Support the Department of Justice to design and deliver appropriate adult and youth addictions treatment programs in NWT correctional facilities.	
Early Childhood Development	Continue to expand the Healthy Family Program to NWT communities to identify early intervention and health promotion programs for children and families. Include mental wellness initiatives in the development of the Early Childhood Framework.	



Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
Psychiatrists from Dalhousie are on site at Stanton Territorial Hospital for approximately 19 weeks per year. Telepsychiatry provides additional offsite support, but has experienced technical difficulties. Discussions on further expansions are ongoing, and include psychiatric services to youth and forensic psychiatry services.	Pending resolution of the technical issues telepsychiatry services will be available on an ongoing basis.	Future year actions will depend on the results of discussion around psychiatry services for youth and forensic psychiatry. No time lines have been established.
No actions have been taken on this item.		Consultation will be initiated and a needs assessment completed.
The Healthy Family Program has been expanded to all regions and will be available in 15 communities by the end of the fiscal year. Work has been initiated to create a standards and procedures model for the program that will ensure consistency in program delivery and include information on oral health, nutrition, services and supports, and factors for child development.	The standards and procedures manual will be distributed to all sites by December 2014. An evaluation of the Healthy Family program at four sites will be completed by March 31, 2015.	Future actions will be guided by the results of the prior year evaluation.
	The results of the one-time baseline assessment of all five year olds may identify gaps in services and programming	A regionally based early intervention and support program will ensure access to required services. Through MACA's Children and Youth Resiliency program, daycare staff and others working with children will receive Mental Health First Aid training



Goal 4 Improve the Effectiveness of Services

Areas for Action	Deliverable	Completed
Accountability	Finalize an evaluation framework for this Action Plan and report annually on progress as part of annual reporting on the health and social services system.	Initial evaluation framework
	Develop an evaluation plan to assess ongoing program effectiveness, including the <i>NWT Suicide Prevention Training Program</i> , <i>Talking about Mental Illness (TAMI)</i> , and <i>My Voice, My Choice (MVMC)</i> .	An evaluation plan was developed and executed annually for the TAMI project. Informal feedback was gathered to review the MVMC campaign.
	Review and update Community Counselling Program standards to meet best practices.	
	Conduct a mental health and addictions client satisfaction survey to determine how clients feel about the programs and services they receive.	
	Establish and maintain data collection and reporting systems around mental health and addictions. Regularly report data and outcomes from HSS Authorities and community partners to ensure program effectiveness.	
	Review and update <i>Mental Health Act</i> . (2012-14)	

Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
	Update framework to reflect action plan updates. Evaluate pilot projects	Initiate evaluation activities.
	On-going	On-going
Work has been initiated on revising the standards and procedures manual.	A revised manual will be distributed to all Community Counselling Programs by March 31, 2015.	New standards and procedures will take effect April 1, 2015. Compliance audits in two regions will be completed by March 31, 2016.
A client satisfaction survey was undertaken in November and December 2013. Analysis of the data has been initiated.	A report on the client satisfaction survey will be prepared by December 2014. The results of the survey will guide program adjustments.	Program adjustments will be implemented April 1, 2016 based on the results of the survey.
A submission for federal funding in support of a data collection and reporting system for the Community Counselling program has been prepared and will be submitted by the end of February 2014.	Actions will depend on success in accessing funding for this project.	
A review of the Act has been completed, and four discussion papers have been posted on the Department of Health and Social Services website, soliciting public input into proposed amendments to the Act. Public input and feedback is being compiled for analysis.	Consultation with selected stakeholder groups will take place between April and September 2014, following which drafting of a legislative proposal will be initiated. The legislative proposal is expected to be complete by December 2014.	

Goal 4 Improve the Effectiveness of Services

Areas for Action	Deliverable	Completed
Human Resource Development	Develop an online orientation for Community Counseling Program staff including current mental health and addictions issues, and the impact of the NWT history of colonization and residential schooling, on rates of trauma, mental health and addictions.	
	Work with partners, including the Regional Health and Social Services Authorities, to provide training to mental health and addictions staff around working with youth. Include others who work with children and youth, including probation officers, recreation development officers, community health representatives, and education staff.	
	Develop standards and guidelines with performance measures to reflect the development of healthy and supportive work environments.	
	Develop and implement mental health and substance use training modules and support program staff in the application of new skills in prevention, intervention and/or aftercare.	
	Work with Human Resources and Education, Culture and Employment to create attractive career choices and pathways in mental health and addictions services.	



Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
	The division of Aboriginal Health and Community Wellness will assess the most effective way to provide this information to staff and develop appropriate training materials.	
Staff in the Community Counselling Program and other primary care providers are being trained in the use of an assessment tool (GAIN-SS) that allows for early identification of youth at risk of developing addiction issues.	Use of the assessment tool will become standard practice for front line service providers working with youth.	The assessment tool will be evaluated and modified if necessary.
No actions have been taken.		Review of best practices.
Staff in the Community Counselling Program and other primary care providers are being trained in the use of an assessment tool (GAIN-SS) that allows for early identification of youth at risk of developing addiction issues. Staff are also being trained in motivational interviewing and a standardized procedure for brief intervention and referral for youth at risk of addictions.	Use of the assessment tool will become standard practice for front line service providers working with youth.	The assessment tool will be evaluated and modified if necessary.
A Strategic Plan for Health and Social Services Human Resources is under development and will be complete by March 2014	Development of recruitment and retention strategies will be determined based upon recommendations in the Strategic Plan.	



Recommendations from Healing Voices, the Report of the Minister's Forum on Addictions and Community Wellness

Areas for Action	Deliverable	Completed
On the Land Programs	Support community-based and operated on-the-land programs that have clear community-stated goals and outcomes to treat addictions	✓
	Develop programming for on-the-land camps that include a diverse range of cultural and traditional experiences, traditional knowledge, and the wisdom of the elders, as well as modern approaches and best practices for treating addictions.	✓
Programs and Services for Youth	Support community-based on-the-land programs for youth aimed at addictions prevention, treatment, healing and aftercare.	
	Provide funding and support for activities aimed at youth, including (but not limited to) cultural activities, music, sports, art, dance and new media (video and digital technologies).	
	Incorporate more information about addictions and the harmful effects of drugs and alcohol into school curriculums.	
	Increase collaboration between government department and non-government organizations that provide programs and services for youth, such as <i>Take a Kid Trapping</i> (Investment Trade and Technology), Youth Centres (non-government), Active After School (MACA).	

(Included in this Table are recommendations which have been agreed to; recommendations agreed to in principle are still under consideration.)

Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
\$200 K is available this year for on-the-land programs. Three on-the-land pilot projects are scheduled for March 2014 (Tlicho, IRC and YK Dene First Nation).	Subject to the evaluations of the pilot projects, funding will be available for on-the-land healing programs. Program design including a contribution policy and application form, will be available by April 2014	Ongoing contribution funding will be available for on-the-land healing programs.
The pilot projects reflect a diversity of approaches: the Tlicho pilot will focus on aftercare for adult men returning from treatment; the IRC pilot will have three components – healing for adult men, couples counselling, and youth with elders.	(as above)	(as above)
Planning for a youth on-the-land pilot project was initiated in the Dehcho in November, 2013, and is ongoing.	A youth on-the-land pilot project is planned for the summer of 2014. Up to 40 at risk youth will spend three to four weeks on the land with elders and counsellors.	Future plans for youth on-the-land healing programs will be guided by the results of the evaluation of the Dehcho pilot project.
The Department of Municipal and Community Affairs offers funding (on application) to communities to develop youth programs that promote active living and recreational activities that are safe and substance-free.		
Discussions are underway to determine the best way of incorporating this recommendation into the Education Renewal and Innovation initiative.	To be determined by the outcome of discussions completed in 2013/14.	
The social programs departments are developing an integrated case management approach which will serve as a model for collaborative undertakings, both between departments and between government and the NGO sector.	The integrated case management approach will be field-tested and evaluated.	The integrated case management approach will be fully operational.

Areas for Action	Deliverable	Completed
Programs and Services for Youth	Increase the Government's use of traditional media and social media to convey key messages and maintain an ongoing dialogue with youth and families about substance abuse, addictions, and treatment options.	✓
	Provide people in communities with training that allows them to access and provide effective addictions programs and services for youth.	
	Review and revise existing processes within the health and social services system for referring youth to treatment in order to ensure that treatment is accessible for all youth.	
Treatment	Adopt culture-based approaches to providing treatment, aftercare and ongoing support for people with addictions.	
	Maintain the cultural integrity of addictions programs and services in order to eliminate barriers to culture-based approaches, such as difficulties securing liability insurance.	
	Streamline existing application processes and improve referral processes to reduce paperwork and wait times for residential treatment.	✓
	Provide ongoing intake and access to treatment centres for individuals seeking help.	✓
	Develop a communications strategy aimed at informing the public about territorial treatment options and how to access them.	

Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
The Department of Health and Social Services has begun the second phase of <i>My Voice, My Choice</i> with the introduction of a "Feel Real" radio show focusing on youth and addictions issues.	The <i>My Voice, My Choice</i> social marketing campaign will continue, with modifications guided by an evaluation of 2013/14 activities.	
Mental Health First Aid and Applied Suicide Intervention Skills training is available in a number of communities each year.	Mental Health First Aid and Applied Suicide Intervention Skills training will be available in a number of communities each year.	
Staff in the Community Counselling Program and other primary care providers are being trained in the use of an assessment tool (GAIN-SS) that allows for early identification of youth at risk of developing addiction issues.	Use of the assessment tool will become standard practice for front line service providers working with youth.	The assessment tool will be evaluated and modified if necessary.
The department of Health and Social Services has adopted a new model for addictions programs that includes cultural and spiritual components in the continuum of addictions services.	Spiritual and cultural components will be included within the continuum of addiction services, particularly in the context of on-the-land programs. Culture competency training for health and social services professionals will be developed	
See above with respect to cultural integrity. The issue of liability insurance may be resolved through partnerships with Aboriginal governments and organizations such as TIDES Canada, which have liability insurance.	Actions will depend on the resolution of the liability insurance issue.	To be determined.
The application process has been streamlined, by eliminating the need for all referrals to first go to Natse'ejee K'eh and then to an out-of-territory placement committee. Applications can now be approved within 24 hours of being received by the Department of Health and Social services.	Client outcomes will be evaluated, including satisfaction with the application process.	The application process may be modified depending on the evaluation of client outcomes.
The issue was that Natse'ejee K'eh offered alternating men's and women's programs, which meant that some clients had to wait up to six weeks to enter a program. Clients now have more timely access to a dedicated men's program (Fresh Start) and a dedicated women's program (Aventa).	Client outcomes will be evaluated, with a view to determining the overall success rates.	Future actions with respect to program access will be determined by the 2014/15 evaluation results.
A plain language brochure is being developed to advise the public on the programs available and how to access them.	The brochure will be made available in all health centres and community counselling offices.	

Areas for Action	Deliverable	Completed
Treatment	Increase the capacity to offer gender-specific residential treatment to NWT residents.	✓
	Offer residential treatment options of up to 90 days.	✓
	Develop residential treatment capacity to address primary issues such as mental illness, residential school trauma, and childhood sexual abuse.	✓
	Develop detox programs and services for those who require them that could be completed before entering residential treatment.	
Funding	Encourage community-based organizations to collaborate, instead of compete, for funding.	✓
Celebrating Success	Introduce media campaigns that profile individuals and communities who are successfully dealing with addictions.	
	Recognize milestones related to addictions, such as quitting smoking or being drug-free for 100 days, by holding community events or celebrations.	
	Develop a campaign that celebrates sobriety and addiction-free living, similar to existing campaigns such as the <i>White Ribbon</i> campaign organized by men to end men's violence against women, Iqaluit's smoke-free home light bulbs campaign, or wear a heart pin to show you are someone who can help an addict.	
	Recognize the workers and volunteers that support individuals struggling with addictions.	
	Recognize and celebrate leaders who live healthy and addiction-free lifestyles.	

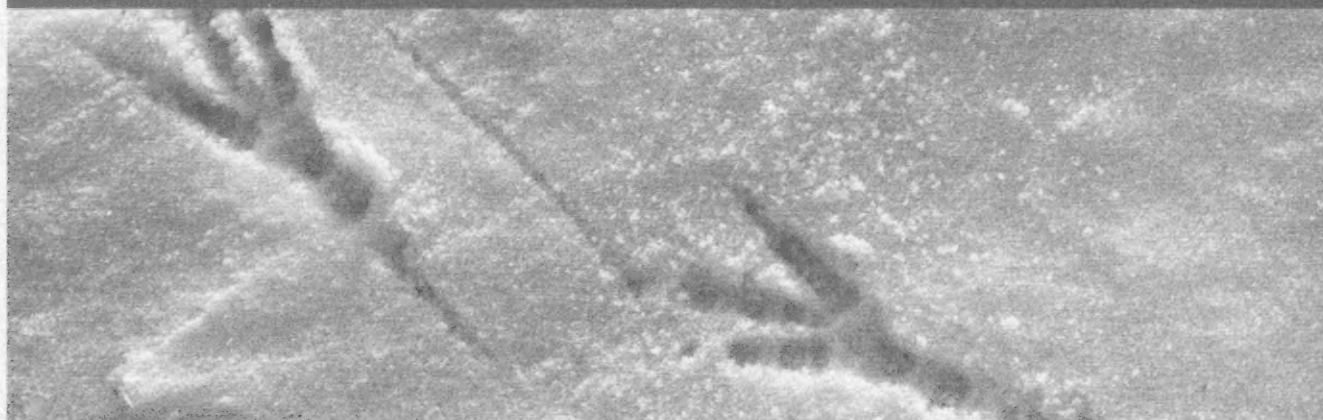
Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
Clients now have more timely access to a dedicated men's program (Fresh Start) and a dedicated women's program (Aventa).		
Fresh Start offers a 90-day program. For clients who require more time in treatment, both 42-day programs at Aventa and Poundmaker's Lodge can be extended.		
Clients with co-occurring conditions can be referred to Edgewood. Other programs can be accessed on a case-by-case basis through the Out-of-Territories placement program.		
The Department of Health and Social Services is exploring the options for withdrawal management. A report will be completed by March 31, 2014.	A recommended approach for withdrawal management at the community, regional and territorial levels will be brought forward for consideration.	Actions will depend on the preferred approach.
The Department of Health and Social Services encourages the development of multi-stakeholder community wellness plans. The Aboriginal Health and Community Wellness Division will continue to foster collaborative community planning of wellness activities.		
The Department of Health and Social services is developing a communications strategy and social marketing campaign directed to addictions. Profiling success stories will be part of the strategy.	The communications strategy and social marketing campaign is scheduled to be approved and initiated by September 2014.	Actions will depend on the details of the strategy and campaign.
This recommendation will be incorporated into the communications strategy described above.		
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Recommendations from Healing Voices, the Report of the
Minister's Forum on Addictions and Community Wellness

Areas for Action	Deliverable	Completed
Social Issues Professional Competencies	Expand the NWT Liquor Commission's addictions awareness and prevention initiatives.	✓
	Continue to strengthen, promote and expand current wellness initiatives such as those listed in the Appendix	✓
	To combat homelessness, offer affordable housing for low-income individuals and families to provide them with stability and security.	✓
	Allow those living in public housing to offer temporary safe spaces to youth without penalty.	✓
	Provide a range of parenting skill development opportunities to build healthy families.	✓
	Promote an understanding that Dene hand games are Aboriginal traditions, and not gambling.	✓
Professional Competencies	Provide cultural and addictions awareness programs for community-based professionals, such as nurses, doctors, RCMP and teachers.	✓
	Provide ongoing professional development opportunities for community wellness workers and addictions counsellors. This should include modern best practices as well as traditional Aboriginal approaches that have proven successful in preventing and treating addictions.	✓

Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
The NWT Liquor Commission is continually expanding its programs and campaigns. The Commission will be putting the majority of its effort into education and prevention concerning Fetal Alcohol Spectrum Disorder and underage drinking. Educating the public, especially youth, will be of benefit to all NWT residents.		
The Government will continue to support those programs that show evidence of successful outcomes, such as <i>Take a Kid Trapping</i>, <i>Not Us!</i> and <i>My Voice, My Choice</i>.		
The NWT Housing Corporation will continue to offer a range of programs like the Transitional Rent Supplement Program and the public housing units that support adequate, suitable and affordable housing options for the people of the NWT.		
The NWT Housing Corporation allows youth to move into a residence on a temporary basis without penalty. If the youth moves in for a longer term, tenants need to advise the Local Housing Officer so the individual can be added to the lease.		
The Departments of Education, Culture and Employment and Health and Social Services provide parenting programs through the Framework for Early Childhood Development. This includes the Healthy Family Program which is a home visitation program for new parents and young mothers. This program is currently available in 15 communities and efforts are underway to expand the programs in all communities based on availability of resources.		
The Department of Justice provides the Family Law Mediation and the Parenting After Separation programs to assist parents who are going through separation and divorce. In the Mediation Program a mediator assists couples as they try to reach an agreement about their children. The Parenting after Separation Program consists of a half-day, free workshop. The workshop helps increase parents' knowledge about separation and divorce, including the effect it has on them and their children. Topics discussed include dealing with separation and loss; methods of effective communication; legal issues such as custody, access and support; and exercises to assist with planning for new living situations. Both programs are being evaluated.		
The GNWT celebrates and supports the culture and practices of Aboriginal peoples.		
The Department of Human Resources recently launched the Aboriginal Culture and Awareness program which offers training aids to employees to help them increase their cultural awareness and provide historical information on government and Aboriginal relationships. In addition, the mandate of the newly-established Department of Health and Social Services Aboriginal Health and Community Wellness division will include expanding opportunities for enhancing cultural safety training for front line workers.		
Mental Health First Aid and Applied Suicide Intervention Skills training are provided in a number of communities on an annual basis. Traditional Aboriginal approaches will be incorporated into on-the-land healing programs.		These training activities will continue on an ongoing basis.

Areas for Action	Deliverable	Completed
Mental Health	Raise public awareness about mental health issues as well as the services that NWT residents can access for support.	✓
	Provide information about mental health in all NWT official languages.	
	Build capacity for community-based organizations, through training and education, so they can effectively help others access the mental health services they need.	
	Adopt mental health best practices from other jurisdictions that can be applied effectively in the North.	
	Address social and cultural barriers associated with mental health issues and terminology.	



Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
The Department is developing a communications strategy in combination with the Mental Health First Aid Training workshops to raise awareness respecting mental health issues and the programs and services available.	The communication strategy will roll out in the second half of this year.	
Current pamphlets about mental health services are being updated.	Pamphlets describing mental health services will be completed by September 2014 and then translated by March 2015.	Pamphlets will be distributed to all health centres and counselling program in April 2015.
The Department offers training programs to frontline staff and community members and will continue to focus financial and human resources to develop training and capacity building for all frontline workers. The Mental Health First Aid Training workshops teach participants how to recognize the signs that someone might be experiencing a mental illness or a mental health crisis, including substance-related disorders and how to safely intervene and connect that person to formal resources. These workshops include a Train-the-Trainer module so we can ensure there are Northern facilitators to make a sustainable training program		
The Department seeks out best practices in mental health and addictions treatment. The Department has approval for a new position with a specific focus on research and how to apply best practices on training and capacity building in a northern setting. The position will be advertised by the end of March 2014.	Work plan will be developed when the position is filled.	
The Department continually attempts to overcome the social and cultural barriers associated with the stigma of mental health as well as raising awareness on specific issues and terminology. The Aboriginal Health and Community Wellness Division was established in the Department to explore how to improve the delivery of services to Aboriginal communities, including development of appropriate terminology.		



Recommendations from Healing Voices, the Report of the
Minister's Forum on Addictions and Community Wellness

Areas for Action	Deliverable	Completed
Cooperation and Collaboration	Coordinate inter-agency meetings to address addictions in every community and remove existing barriers that discourage cooperation between groups, such as competition for available funding or limits on the ability to share information.	✓
	Model a territorial campaign that focuses on alcohol and drugs after existing successes, such as <i>Don't Be a Butthead</i> .	✓
	Encourage interagency groups to meet on the land once per year.	✓



Ongoing 2013/2014

Planned 2014/2015

Planned 2015/16 Forward

The Department has created the Aboriginal Health and Community Wellness Division to work with multi-stakeholders to develop tailored wellness plans for their community. Aboriginal Health and Community Wellness regional staff will have a specific mandate to work with communities to develop and support inter-agency groups.

The Department will continue the territorial campaign *My Voice, My Choice*. This is a drug and alcohol awareness campaign aimed at youth aged 13-18 which incorporates prevention and awareness messaging and profiles "good news stories" of healing and recovery.

The Department of Justice is also continuing the *Not Us!* Campaign that aims to raise awareness about drugs and encourage communities to get active and involved with their youth. The Department provides \$10,000 for initial launch and \$5,000 annually to communities to develop and sustain local initiatives to discourage substance abuse, as well as illegal sale of drugs.

Both departments will continue with their respective awareness and prevention campaigns.

The GNWT supports the idea of interagency groups meeting on a regular basis to share information and collaborate. Community wellness funding could be accessed to make that happen, should communities decide to pursue this idea.

Regional Community development and wellness planners will support and facilitate inter-agency activities.

Ongoing contribution funding will be available for on-the-land healing programs.

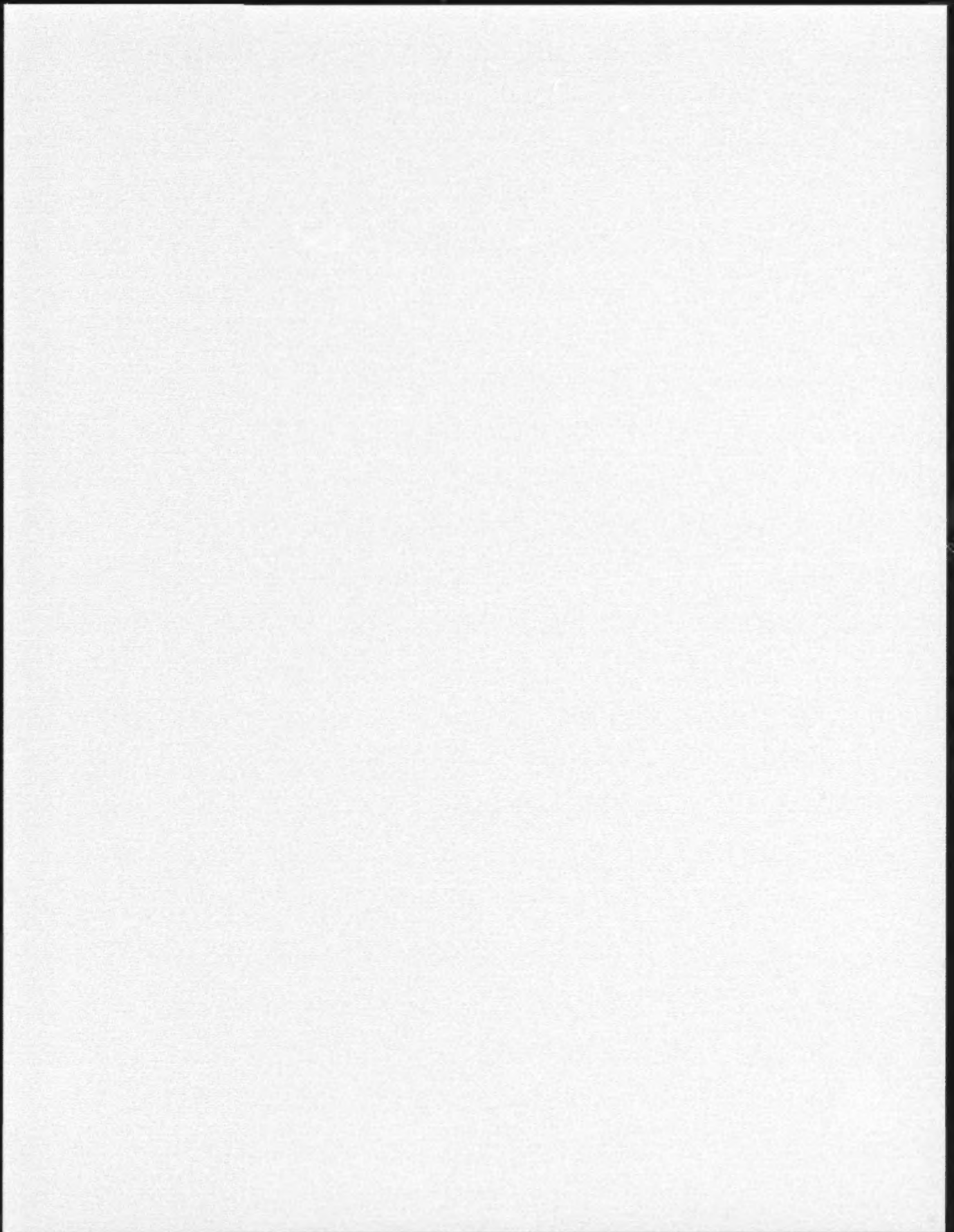


Areas for Action	Deliverable	Completed
Policing and Corrections	Establish wellness courts and other diversion programs for offenders with addictions.	
	Establish more addictions counselling and cultural outreach in all territorial correctional facilities.	
	Encourage continued cooperation between the RCMP and other agencies such as victim support workers to deal with offenders that are struggling with addictions.	✓
	Implement smoking cessation programs and supports in correctional centres.	✓
	Promote early release to enable offenders to access residential treatment programs.	✓

Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
The Department of Justice is working with the judiciary to continue the domestic violence treatment options court and to develop and implement an NWT Wellness Court that will focus on underlying issues of addictions and mental illness. In addition, the Departments of Justice, Health and Social Services, Education, Culture and Employment and the NWT Housing Corporation will collaborate on integrated case management approaches for high risk clients with mental health and addictions needs. This collaborative approach will support the successful implementation of the Wellness Court.		
The Department of Justice will continue to offer programs such as Moderate Intensity National Substance Abuse Program and use Traditional Liaison Counsellors to help offenders stay connected to their culture and with their communities. Offenders who are struggling with addictions issues can access programs and counselling while they are in custody.		
The Department of Justice will continue to encourage cooperation and collaboration to help offenders in their struggle with addictions. Currently, the staff at correctional facilities work with community corrections staff to plan for the release of offenders including the need for further addictions counselling and support. Also, the RCMP works with Victim Services to assist victims of crime and their families.		
Smoking is not permitted in any of the Department of Justice correctional facilities. Support is provided to offenders who are having difficulties with smoking cessation, including one-on-one counselling by nurses.		
The Department of Justice's correctional facilities review all offenders for early release after they have served 1/6th of their sentence. The review includes a risk assessment of the offender's likelihood to reoffend. Each offender works with their case manager to develop a plan for release that includes the identification of programs. Accessing residential treatment programs will be the choice of the individual.		

Areas for Action	Deliverable	Completed
Policing and Corrections	Provide offenders in correctional facilities with opportunities to contact friends and families through phone, email or Skype, at the institution's expense.	
	Encourage reconciliation programs and services aimed at healing the relationship between Aboriginal people and the RCMP.	
	Increase liquor inspections and improve community cooperation with police to eliminate bootlegging.	
Gambling as an addiction	Recognize gambling as an addiction and provide the public with more information and support to deal with problems.	

Ongoing 2013/2014	Planned 2014/2015	Planned 2015/16 Forward
Offenders will continue to have access to telephones while in custody. If they are unable to pay for long distance charges, they can make a request to their case manager. Access to computers will not be provided due to a range of issues and challenges in controlling the use of computers (e.g. access to child pornography, continuation of criminal activities, etc.).		
Promoting public trust and confidence in policing services is one of the priorities established by the Minister of Justice for the RCMP in the NWT. RCMP are responding to this priority by working with community leadership to identify and respond to local policing priorities, communicating regularly on activities and results and by being active members of their communities. The RCMP will continue to work with communities to develop annual policing plans based on local priorities.		
Bootlegging is an illegal activity that has been identified by many communities in the development of policing plans. Control and enforcement of bootlegging is only possible when community members work with the RCMP to bring forward complaints, evidence and testify. The number of liquor inspections should continue to be based on the risk profile of the licensed premises. High-risk licensees are inspected more frequently than those considered to be low-risk. In addition, the RCMP conduct nightly walk-throughs in all communities where there are licensed premises.		
The effect of gambling as an addiction will be considered as part of the DHSS' communications strategy celebrating sobriety and offering profiles of "good news stories" of healing and recovery.		



Kĩspin ki nitawihtĩn ā nĩhiyawihk ōma ācimōwin, tipwēsĩnēn.

Cree

ʔerihtł'is dēne sũliné yati t'a huts'elkēr xa beyéyati theḡa ʔat'e, nuwe ts'ēn yólti.

Chipewyan

If you would like this information in another official language, call us.

English

Si vous voulez ces renseignements en français, contactez-nous.

Français

Jii gwandak izhii ginjik vat'atr'ijahch'uu zhit yinothtan ji', diits'at ginohknii.

Gwich'in

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

ᑕᑦᑭᑦ ᑎᑎᑦᑲᑦ ᐱᑦᐱᐱᑦ ᐃᑦᑎᑦᑕᑦᑲᑦᐱᑦ, ᐅᑦᑕᑎᑦᑲᑦ ᐅᑦᑕ ᑦᑕᑦᑕᑎᑦ.

Inuktitut

UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

K'éhshó got'ine xadá k'é hederi ʔedĩhtl'é yeriniwē nídé dúle.

North Slavey

Edi gondi dehgéh got'je zhatie k'ée edatł'éh enahddhē nide naxets'é edahí.

South Slavey

Tłıchọ yati k'èè dè wegodił wek'èhoızo nęewo dè, gots'ò goahde.

Tłıchọ

Aboriginal Languages Coordinator: 867-920-6251

Francophone Affairs Secretariat: 867-920-3107

